C2

Michigan Supplemental Tobacco Tax Return
Includes Cigarettes and Other Tobacco Products (OTP) To Include "Roll-Your-Own." (If the cigarettes or Roll-Your-Own were purchased from a Non-Participating Manufacturer, please complete Schedule K, Form 3669).

Issued under authority of P.A. 327 of 1993. Filing is mandatory. See penalty provisions below.

Name of Licensee				. FE, ME or TR Number	
Address (No., Street, City, State, ZIP)				. Month and Year of Return Being Corrected	
	rate supplemental retu Ion-Participating Man	urns for each month you are correcturecturers.	ting. Complete Schedule K	(Form 3669) for cigarette	es and Roll-Your-Own
a. Invoice Date	b. Invoice Number	c. Purchased From, Shipped, Sold (d. Number of Cigarettes t packs, cartons or cases)	e. Wholesale Price of OTP Purchases
			TOTAL		
			TOTAL		
1a. Tax at 100 mills per cigarette sold (Total of Column d x \$.10)					
1b. Tax at 32% of wholesale price on OTP sold (Total of Column e x .32)					
2. Compute 1.50% (.0150) of line 1a and enter here					
3. Compute 1% (.01) of line 1b and enter here					
4. Subtract line 2 from line 1a					
5. Subtract line 3 from line 1b					
6 NET TAX DUE Add lines 4 and 5 Enter here					
7. LATE PENALTY * (Penalty is 5% of tax due if not more than 2 months late with an additional 5% penalty for each additional month or fraction of month late. Maximum 25%.					
8. INTEREST * (Interest accrues at 1% above the current prime rate; is adjusted on January and July 1.)					
9. TOTAL TAX, PENALTY and INTEREST DUE (Add lines 6, 7 and 8)					•
* To calculate the	Penalty & Interest, go	o to www.michigan.gov/treasury. Se	elect "Individual", then "Cus	stomer Service."	
CERTIFICAT I certify under pena		urn and attachments are true and compl	ete to the best of my knowledg	e.	
I authori	ze Treasury to disc	cuss my return with my prepare	r. Do not discuss	with my preparer.	
Signature of Taxpayer			Phone Number	Fax Number	Date
Signature of Preparer other than taxpaver			Phone Number	Fax Number	Date

Make checks payable to "State of Michigan." Print "Tobacco Products

Tax" on the front of your check and mail to:

Michigan Department of Treasury P.O. Box 77628 Detroit, MI 48277-0628

If you have questions, please call the Motor Fuel, Cigarette and Miscellaneous Taxes Section at (517) 636-4630. Deaf, hearing or speech impaired persons call (517) 636-4999 (TTY).